

Application Data Sheet

APPLICATION INFORMATION

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: SYSTEM AND METHOD FOR LINGUISTIC
COLLATION

Attorney Docket Number:: 224392

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 6

Total Drawing Sheets:: 6

Small Entity?:: No

Latin Name::

Variety denomination name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Middle Name:: S.
Family Name:: Kaplan
Name Suffix::
City of Residence:: Redmond
State or Prov. of Residence:: Washington
Country of Residence:: US
Street of mailing address:: 15606 NE 40th St.
#T-376
City of mailing address:: Redmond
State or Province of mailing address:: Washington
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98052

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Catherine
Middle Name:: Ann
Family Name:: Wissink
Name Suffix::
City of Residence:: Medina
State or Prov. of Residence:: Washington
Country of Residence:: US
Street of mailing address:: 525 Overlake Drive East
City of mailing address:: Medina
State or Province of mailing address:: Washington
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98039

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Julie
Middle Name:: D.
Family Name:: Bennett
Name Suffix::
City of Residence:: Medina
State or Prov. of Residence:: Washington
Country of Residence:: US
Street of mailing address:: 2203 Evergreen Road
City of mailing address:: Medina
State or Province of mailing address:: Washington
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98039

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 38887
Phone:: (312) 616-5600
Fax:: (312) 616-5700
E-mail Address:: mail@leydig.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 38887

Representative Designation::	Registration Number::	Representative Name::
Primary	30369	John B. Conklin
Associate	41397	Y. Kurt Chang

DOMESTIC PRIORITY INFORMATION

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

FOREIGN APPLICATION INFORMATION

Country:: Application Number:: Filing Date:: Priority Claimed

ASSIGNEE INFORMATION

Assignee name:: Microsoft Corporation

Street of mailing address:: One Microsoft Way

City of mailing address:: Redmond

State or Province of
mailing address:: Washington

Country of mailing
address:: US

Postal or Zip Code of
mailing address:: 98052